



Filing ID #10021420

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Mark Freeman  
**Status:** Congressional Candidate  
**State/District:** FL18

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2018  
**Filing Date:** 05/4/2018

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
12 HERONS NEST [RP]  LOCATION: STUART, FL, US		\$250,001 - \$500,000	None		
6.5 ACRES ASHVILLE [RP]  LOCATION: ASHVILLE, NC, US		\$50,001 - \$100,000	None		
809 NORTH CLUB [RP]  LOCATION: LAKE TOXAWAY, NC, US		\$1,000,001 - \$5,000,000	None		
AVIVA [WU]		\$100,001 - \$250,000	Tax-Deferred		
Bank Deposits ⇒ WELLS FARGO [BA]		\$15,001 - \$50,000	None		
Brokerage Accounts ⇒ FIDELITY INVESTMENTS [BA]  DESCRIPTION: Receives interest in Treasuries.		\$1,000,001 - \$5,000,000	Interest	\$201 - \$1,000	\$1,001 - \$2,500

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
DELAWARE LIFE HOLDINGS [WU]		\$100,001 - \$250,000	Tax-Deferred		
Partnership Interests ⇒ BIP OPPORTUNITIES FUND II LP [OL]		\$15,001 - \$50,000	Interest	\$201 - \$1,000	\$201 - \$1,000
LOCATION: ATLANTA, GA, US DESCRIPTION: PARTNERSHIP OWNERSHIP INTEREST					
Partnership Interests ⇒ MEDICAL MESSENGER LLC [OL]		\$1,001 - \$15,000	None		
LOCATION: BOYNTON BEACH, FL, US DESCRIPTION: PARTNERSHIP OWNERSHIP INTEREST					
Subchapter S Corporations ⇒ DELRAY HARBOR LLC [OL]		\$500,001 - \$1,000,000	K-1	\$50,001 - \$100,000	\$100,001 - \$1,000,000
LOCATION: DELRAY BEACH, FL, US DESCRIPTION: SUB-CHAPTER S OWNERSHIP INTEREST					
Subchapter S Corporations ⇒ EVOLVE EXCHANGE [OL]		\$500,001 - \$1,000,000	None		
LOCATION: DELRAY BEACH, FL, US DESCRIPTION: SUB-CHAPTER S OWNERSHIP INTEREST					
Subchapter S Corporations ⇒ MEDICAL INFRASTRUCTURE [OL]		\$50,001 - \$100,000	ORDINARY	None	\$2,501 - \$5,000
LOCATION: BOYNTON BEACH, FL, US DESCRIPTION: SUB-CHAPTER S OWNERSHIP INTEREST					
Subchapter S Corporations ⇒ TAM OF BOYNTON BEACH INC [OL]		\$500,001 - \$1,000,000	K-1	\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
LOCATION: BOYNTON BEACH, FL, US DESCRIPTION: SUB-CHAPTER S OWNERSHIP INTEREST					
Subchapter S Corporations ⇒ WALK-IN MEDICAL CENTER INC [OL]		\$1,000,001 - \$5,000,000	K-1	None	\$100,001 - \$1,000,000
LOCATION: BOYNTON BEACH, FL, US DESCRIPTION: SUB-CHAPTER S OWNERSHIP INTEREST					
Subchapter S Corporations ⇒ WOOLBRIGHT CORPORATION [OL]		\$1,000,001 - \$5,000,000	Interest, K-1	\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
LOCATION: BOYNTON BEACH, FL, US DESCRIPTION: SUB-CHAPTER S OWNERSHIP INTEREST					

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
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\* Asset class details available at the bottom of this form. For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
WALK-IN FAMILY MEDICAL CENTER INC	SALARY	\$484,607.00	\$484,607.00
TAM OF BOYNTON BEACH INC	SALARY	\$65,000.00	\$65,000.00
DELRAY HARBOR MEDICAL CENTER LLC	SALARY	\$50,000.00	\$50,000.00

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	WOOLBRIGHT	2006	MORTGAGE PAYABLES	\$1,000,001 - \$5,000,000

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Source (Name and Address)	Brief Description of Duties
HUMANA INC. (MIAMI, FL, US)	HMO CONTRACT

SCHEDULE A ASSET CLASS DETAILS

<ul style="list-style-type: none"> <li>Bank Deposits LOCATION: US</li> <li>Brokerage Accounts LOCATION: US</li> <li>Partnership Interests LOCATION: US</li> <li>Subchapter S Corporations LOCATION: US</li> </ul>
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## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**Trusts:** Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

## CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Mark Freeman , 05/4/2018